MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

10/583422 upilicum(s)

CLAIMS

						(CLAIMS	3	٠.					
	AS FILED		AFTER		AFTER				as filed		AFTER LH AMENDMENT		AFTER MARKEMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1			7					51						
2		1	<u> </u>	/				52						
3	ļ	-/-	<u> </u>	/				53						
4	 	 		1				54 55						
6		 		' ,				56						
7.	 	1	-	1				57				·		
8		1						58						
9		1		1				59.					<u> </u>	
10		1		1		<u> </u>	1	60						
11	<u> </u>	1-			 	ļ	-	61	<u> </u>			 		
12		 	 -	- '/-		 	}	62				 	 	
13		/		1	-		1	64	-			1		1
15		-	/	<u> </u>	1.		1.	65	1					
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18				-]-	68		A.7	ļ	<u> </u>	 	
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21		 			-	·	1	71 72			 	 	 	
23					 		i	73	 	-		1	1	
24					 		1	74	1		 		1	1
25							1	75.		1				
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32						-	1	82	 	 	-	1	1	1
33							1	83	 	 		 	1	1
34	•				•		1	84						
35								85						1
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TOTAL DEF.		+	14	4		•		TOTAL DEL.		÷		+		~
TOTAL			77					TOTAL						
70000				المناه المناه	بنبينا			1	L	No. of Street, or other Persons	I	Intares:	-	Law St.